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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	60/394,752
Filing Date	July 11, 2002
First Named Inventor	Fred Kelly
Title	ADJUSTABLE THUMB PICK FOR STRINGED
XXAM/Unit	INSTRUMENT
Examiner Name	
Attorney Docket Number	7156 P.3001.002

I hereby appoint:



Practitioners at Customer Number:

23399

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



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OR



The address associated with Customer Number:

OR

XX	Firm or Individual Name	REISING, ETHINGTON, BARNES, KISSELLE & LEARMAN, P.C.
Address	Robert L. Farris	
Address	5201 Colony Drive North	
City	Saginaw	State Michigan Zip 48603
Country	U.S.A.	
Telephone	989-799-5300	Fax 989-792-8585

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Fred Kelly		
Signature	<i>Fred Kelly</i>		
Date	7-29-03	Telephone	989 3482938

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label  OR  Correspondence address below

Robert L. Farris

## Name

5291 colony Drive North

## Address

Saginaw		Michigan	48603
City		State	ZIP
U.S.A.	989-799-5300		989-792-8585
Country	Telephone		Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Fred	Family Name or Surname	Kelly
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Inventor's Signature	Fred Kelly		
Residence: City	Grayling	State	Michigan
		Country	U.S.A.
		Citizenship	U.S.

Mailing Address P.O. Box 532

City	Grayling	State	Michigan	ZIP	49738-0532	U.S.A. Country
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Fred	Family Name or Surname	Kelly
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Inventor's Signature	Fred Kelly		
Residence: City		State	
		Country	
		Citizenship	

Mailing Address

City	State	ZIP	Country
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)  
OR

Attorney Docket Number	7156 P.3001.002
First Named Inventor	Fred Kelly
<b>COMPLETE IF KNOWN</b>	
Application Number	60/394,752
Filing Date	07/11/2002
Art Unit	
Examiner Name	

**As the below named inventor, I hereby declare that:**

**My residence, mailing address, and citizenship are as stated below next to my name**

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## ADJUSTABLE THUMB PICK FOR STRINGED INSTRUMENT

*(Title of the Invention)*

the specification of which

is attached hereto

OR

**XX** was filed on (MM/DD/YYYY)

July 11, 2003

as United States Application Number or PCT International

**Application Number**

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.